

# IDAHO TELEHEALTH COUNCIL

June 19th, 2015

## Meeting Minutes

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### ATTENDEES:

LOCATION: 450 W State Street, 10<sup>th</sup> Floor, Boise, ID

#### **Members Present:**

Stacey Carson – Telehealth Council Chairman, Idaho Hospital Association  
Susan Ault, Idaho Primary Care Association  
Tom Donovan, Department of Insurance  
David Morledge, Neurostatus, LLC  
Tracey Sessions, Idaho State Hospital South  
Mary Sheridan, Department of Health and Welfare, Division of Public Health  
Mitch Toryanski, Bureau of Occupational Licenses  
Tiffany Whitmore Seibert, St. Alphonsus Health System

#### **Teleconference:**

Marc Chasin, St. Luke's Health System  
Melissa Christian, Regence BlueShield  
Casey Meza, Affiliated Health Services, Kootenai Health  
Ken Schaecher, Select Health

#### **Members Absent:**

Becky diVittorio, OptumHealth  
William Ganz, Idaho Board of Medicine  
Rick Goodwin, Eastern Idaho Regional Medical Center  
William Hazle, Stargazers, LLC  
Nancy Kerr, Idaho Board of Medicine  
Paul McPherson, St. Luke's Children's Hospital  
Michael Meza, Kootenai Health  
Rhonda Robinson Beale, Blue Cross of Idaho  
Molly Steckel, Policy Director  
Matt Wimmer, Department of Health and Welfare, Division of Medicaid  
Representative John Rusche

#### **DHW Staff Present:**

Casey Moyer, Operations Project Manager, Office of Healthcare Policy Initiatives  
Miro Barac, RC Project Manager, Office of Healthcare Policy Initiatives  
Kim Thurston, Administrative Assistant, Office of Healthcare Policy Initiatives

#### **Staff Teleconference:**

Heather Clark, PCMH Program Manager, Office of Healthcare Policy Initiatives  
Ann Watkins, Grants/Contract Officer, Office of Healthcare Policy Initiatives

#### **Guests:**

Lynsey Winters Juel, Jannus

**1. Welcome and Introductions – Stacey Carson, Telehealth Council Chair**

- ✚ Stacey Carson welcomed everyone.

**2. Approve Minutes – Stacey Carson, Telehealth Council Chair**

- ✚ Susan Ault made the motion to approve the Idaho Telehealth Council meeting minutes from May 08, 2015, Tom Donovan seconded the motion, motion carried.
- ✚ Dr. David Morledge made the motion to approve the Idaho Telehealth Council meeting minutes from June 05, 2015, Tracey Sessions seconded the motion, motion carried.

**3. State Healthcare Innovation Plan (SHIP)/Idaho Healthcare Coalition (IHC) Update:**

- ✚ Miro Barac, RC Project Manager, Office of Healthcare Policy Initiatives, described how SHIP will be transforming 55 Patient Centered Medical Homes (PCMH)s per year, 50 of which will be virtual PCMHs. There are already 46 established PCMHs that are nationally recognized. The Idaho Healthcare Coalition (IHC) is not requiring the PCMHs to be nationally recognized, however, they are strongly recommending it. Mr. Barac also reported that 7 Regional Collaborative (RC) contracts, with the Public Health Districts, have been submitted to the Center for Medicare and Medicaid Innovation (CMMI) and has received tentative approval.
- ✚ Casey Moyer, Office Project Manager, Office of Healthcare Policy Initiatives, reported that the Project Management contract has been awarded to Mercer. Mercer will support the Department of Health and Welfare (DHW) SHIP team in the transformation of healthcare by achieving improved health outcomes, improved quality and patient experience of care, and lower costs of care for all Idahoans through Idaho's 7 SHIP goals. Mercer will be presenting to the IHC at a kick-off meeting scheduled June 22, 2015.

**4. Idaho Telehealth Council Status Update and Proposed Goals and Objectives**

- ✚ Richard Armstrong, Director, DHW, spoke with the Telehealth Council in regards to their workplan proposal that was submitted to him for his review. He complimented the Council members on how much progress they have made in such a short time frame. As a director appointed council they developed the Idaho Telehealth Access Act (H189) and it successfully passed through the 2015 Idaho Legislature.
- ✚ Director Armstrong stated that as SHIP changes the fee-for-serve to value based reimbursement telehealth will be part of this delivery of care. He stated that the Council's goals are right in-line with what he believes the next steps should be. He also stated that the Council's charter will not be complete until Goal 1 has been accomplished.
- ✚ As the work from the charting resolution is achieved (Goal 1) the next steps for the council must be evaluated. Scope, resources, authority, and agency sponsorship must all be taken into consideration. The Department was a natural place for this group to be incubated but as it evolves must fit within a structure related to its scope and practice.

**5. Council Logistics to Support Proposed Goals and Objectives**

- ✚ Stacey Carson, Telehealth Council Chair, and Council members discussed the Council's next steps, structure, goals, and objectives. Subcommittee compositions were also discussed. Subcommittees are listed below:
  - ◆ Goal 1 - Reimbursement Policy Subcommittee (chaired by Ken Schaecher and Tracey Sessions)
  - ◆ Goal 2 – SHIP Telehealth Subcommittee (chaired by Mary Sheridan)
- ✚ Council members agreed to create the Reimbursement Subcommittee and the SHIP Subcommittee immediately. Council members who want to volunteer to serve on one of the two workgroups will e-mail Kim Thurston at [thurstok@dhw.idaho.gov](mailto:thurstok@dhw.idaho.gov).
- ✚ Concerns regarding Idaho Open Meeting Law compliance in regards to subcommittees and antitrust payer participation on the Telehealth Reimbursement Subcommittee were discussed.
  - ◆ Ms. Carson will schedule a meeting with Nicole McKay, Health and Human Services Division Chief, Office of the Attorney General, to address these concerns.

**6. Idaho Primary Care Association (IPCA) Patient Centered Medical Home (PCMH) Perspective**

- ✚ Susan Ault, Director of Care Improvement, IPCA, discussed how IPCA represents Community Health Centers (CHC) across the state of Idaho. CHCs are non-profit, community-owned, and located in medically-underserved areas or population. Over 47% of patients are uninsured. The rural counties consist of mostly nurse practitioners (NP) and physician assistants (PA) in solo practices. One of the challenges Ms. Ault described is the turn-around time for information exchange in the referral process. They look forward to using telehealth to help facilitate keeping patients at their local office and not using

the referral process.

## 7. Strategy for Objective 1.1

- ✚ Ms. Carson presented on strategies for Goal 1, Objective 1.1:
  - ◆ Questions and answers that payers shared from the March 13, 2015, Telehealth Council meeting were listed and discussed.
  - ◆ Some states have innovative delivery models incorporating telemedicine as a feature to reduce costs related to ER use and hospital admissions.
  - ◆ Terminology for reimbursement policies discussed are listed below:
    - Fee-for-service vs. managed care plans
    - Consultative vs. referral model
    - Outpatient vs. inpatient
    - Telehealth vs. telemedicine
  - ◆ Data points for reimbursement policies discussed are also listed below:
    - Covered services
    - Distant requirements (rural only)
    - Eligible patient population
    - Eligible providers
    - Authorized technologies
    - Originating site restrictions
    - Data regarding decreased transportation costs
    - Parity Laws, good information that has been collected and analyzed

## 8. Next Steps

- ✚ Next meetings are scheduled for July 10, 2015, and August 14, 2015.
- ✚ Ms. Carson will meet with the Office of the Attorney General.
- ✚ Council members who would like to volunteer to serve on a subcommittee will e-mail Kim Thurston at [thurstok@dhw.idaho.gov](mailto:thurstok@dhw.idaho.gov) by end of business day June 29, 2015.
- ✚ Subcommittees shall recruit from the existing workgroup membership, evaluating gaps in subject matter expertise areas of the subcommittees charge and can recruit individuals outside of the workgroup as subcommittee members as needed.

**With no further business to come before the Council, Ms. Carson adjourned the meeting at 12:40 p.m.**